

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) <b>09/194021</b>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	/
2		/					52	/
3		/					53	/
4		/					54	/
5		/					55	/
6		/					56	/
7		/					57	/
8		/					58	/
9		/					59	/
10		/					60	/
11		/					61	/
12		/					62	/
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
21		/					71	
22		/					72	
23		/					73	
24		/					74	
25	/						75	
26		/					76	
27		/					77	
28		/					78	
29	/						79	
30		/					80	
31		/					81	
32		/					82	
33		/					83	
34		/					84	
35		/					85	
36		/					86	
37		/					87	
38		/					88	
39		/					89	
40	/						90	
41	/						91	
42	/						92	
43		/					93	
44	/						94	
45		/					95	
46		/					96	
47		/					97	
48		/					98	
49		/					99	
50		/					100	
TOTAL IND.	6						TOTAL IND.	
TOTAL DEP.	56						TOTAL DEP.	
TOTAL CLAIMS	62						TOTAL CLAIMS	